

Statewide Information System 2016-2017

CYCLE 4 – Certification of Data Accuracy

I hereby certify by my signature below that I have thoroughly reviewed the information contained in the following individual reports required for the Statewide Information System (SIS) Cycle 4 report. The data contained in each report is true, accurate and timely for the reporting time period of each required report. I further certify that each report is a complete and full report of all data required by the respective reports and that no further edits or re-submissions of any report is necessary. Therefore, I hereby agree that no changes shall be made to these reports unless required by law or agreed to by the Arkansas Department of Education; and based upon the forgoing promises and covenants, I submit that the following reports accurately describe the status and condition of the _____ School District as of _____(Date). Specifically, the reports I refer to above and submit as part of the Cycle 4 submission process to the Arkansas Department of Education are as follows:

Act 61-Tier I Training
Bank Reconciliation Report
Contact Persons-District/School
District General Information
School Calendar
School General Information
School Consolidated LEA
School Preschool Counts
Special Education – Early Childhood Federal Child Count by Placement/Age
Special Education – Early Childhood Federal Child Count by Placement/Race
Special Education – Early Childhood Federal Child Count by Age/Disability
Special Education – Early Childhood State Child Count by Program Type/Residential LEA
Special Education – Early Childhood Federal Child Count by Placement/Disability
Special Education – Early Childhood Federal Child Count by Disability/Race/Gender
Special Education – Employee
Special Education – School Age Federal Child Count by Age/Disability
Special Education – School Age Federal Child Count by Placement/Race
Special Education – School Age Federal Child Count by Race/Disability
Special Education Detail Reports - Early Childhood/School Age
Student ID Change
Student ELL Information
Student Homeless Information
Student Status information Report

SCHOOL DISTRICT

LEA

SUPERINTENDENT'S SIGNATURE

DATE

MAIL TO: Arkansas Department of Education
Arkansas Public School Computer Network
101 East Capitol – Suite 101
Little Rock, AR 72201